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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Escalator support structure

FILING FEE

RECEIVED

710

FEES: Authority has been given in Paper  
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 No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
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<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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<input type="checkbox"/> Other _____